

THE UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION

Mary T. Thomas, *et al.*,

Plaintiffs,

v.

Marci Andino, *et al.*,

Defendants.

No.: 3:20-cv-01552-JMC

**Offer of Proof–Declaration  
Cassandra D. Salgado, M.D., M.S.**

1. I am Cassandra D. Salgado, M.D., M.S. I live in Charleston, South Carolina and have lived here since July 2004 when I joined the faculty at the Medical University of South Carolina and began seeing patients at the MUSC Hospital (collectively “MUSC”).

2. MUSC is an academic medical center and operates hospitals in Charleston, Chester, Florence, Lancaster, and Marion counties (“Health System”).

3. I received my undergraduate degree in chemistry (cum laude) from West Virginia University, my medical degree from West Virginia University, and my M.S. in Health Evaluation Sciences and epidemiology from the University of Virginia.

4. My residencies and postdoctoral training include: a) West Virginia University Hospital (Internal Medicine and Pediatrics and Chief Resident, Internal Medicine); and b) University of Virginia Health System (Fellowship, Infectious Diseases).

5. My Specialty/Board Certifications include: a) Pediatrics, b) Internal Medicine, and c) Infectious Disease.

6. I am a licensed physician in South Carolina (license # 27310) and have practiced in South Carolina, treating the State’s patients since September 2004. I am a practicing infectious disease doctor and see patients for general infectious disease needs both in the hospital and in the outpatient clinic. I have hospital privileges at MUSC and the Ralph H. Johnson Veteran’s Administration Hospital.

7. I am a member of numerous national and state medically related societies, including, but not limited to the: Infectious Disease Society of America, Fellow; Society for Healthcare Epidemiology of America, Fellow; Association of Specialty Professors; and the South Carolina Infectious Disease Society.

8. I serve as an *ad hoc* reviewer for a number of medical journals, including but not limited to: the *New England Journal of Medicine*, *Journal of Infectious Diseases*, *Infection Control Hospital epidemiology*, *The Lancet*, and *International Journal of Infectious Disease*.

9. I came to MUSC as an Assistant Professor of Medicine in the Department of Internal Medicine (2004-2008). I became an Associate Professor (2008-20013) and was awarded tenure and full faculty member status at the MUSC College of Graduate Studies in 2012.

10. In 2013 I became a Professor of Medicine in the Department of Medicine. In 2015, I became a Professor of Medicine in the Department of Public Health Sciences.

11. I have held or hold the following MUSC administrative appointments:

- a. Program Director, Internal Medicine/Pediatrics Residency (2006-2009);
- b. Program Director, Infectious Diseases Fellowship (2008-2019);
- c. Department of Medicine Mentoring Program Champion Infections Disease (2012-2013);
- d. Vice Chair for Quality Improvement (2012-2016);
- e. Interim Division Director, Infectious Disease (2015-2016); and
- f. Division Director, Infectious Diseases (2016-present).

12. I was appointed Medical Director of Infection Control, Hospital Epidemiologist, Pitt County Memorial Hospital, East Carolina University and served from 2003-2004. I was appointed Medical Director of Infection Control, Hospital Epidemiologist at MUSC in 2004 and continue to serve as such.

13. As the Division Director for Infectious Diseases, my duties include the day to day running of the division operations, recruitment of infectious disease doctors, and ensuring appropriate infectious diseases care for patients in the hospital and in the ambulatory setting. In my hospital leadership position, I am the Hospital Epidemiologist and Medical Director for Infection Prevention at MUSC.

14. SARS-CoV-2, commonly referred to as COVID-19, is an infectious disease and one that I, as the Hospital Epidemiologist and Medical Director for Infection Prevention, am charged with preventing transmission, both for patients and health care staff, in the Hospital and the Hospital System. If asked to describe my job as the Hospital Epidemiologist and Medical Director for Infection Prevention, simply put, I would testify that it is to ensure safety from infections for patients and the care team members that care for them.

15. My research focuses on epidemiology in the health care setting. In order to understand the transmission (spread) of COVID-19 or other infectious diseases in the Hospital, it is imperative that I understand how it is spread in the community so, among other things, I can understand how the virus enters the hospital in the first place.

16. On a daily basis, I study the COVID-19 data provided by the South Carolina Department of Health and Environmental Control (DHEC) and data collected by MUSC from its Health System. This data includes information on patient tracing, testing, infection rate trending, underlying medical conditions and patient age, among other things. I use this data to present almost daily reports to MUSC administration in order for it better to position the Health System to manage COVID-19 and to assist the State of South Carolina in conducting COVID-19 testing.

17. The State has provided MUSC with CARES funding and tasked it with testing people for COVID-19 infection. Overall, MUSC is currently conducting approximately thirty four percent (34%) more testing compared to DHEC, and at least 25% of all of the testing done in South Carolina.

18. Currently, MUSC is one of the hospitals participating in the Astra Zeneca COVID-19 Phase III vaccine trials. I am one of many MUSC physicians participating in the Phase III vaccine trial.

19. The proportion of the South Carolina population who identify as African American is approximately 30%. Based upon the DHEC data, as of September 18, 2020, 26.3% of South Carolinians who have been confirmed positive for COVID-19 identify as African American. Based on DHEC data as of September 18, 2020, 47.3% of South Carolinians who are hospitalized for COVID-19, identify as African Americans. Based on DHEC data as of September 18, 2020, 35 % of South Carolinians who have died from COVID-19, identified as African American. In my medical opinion and to a reasonable degree of medical certainty, African Americans have a higher incidences of uncontrolled comorbid conditions (such as diabetes and cardiovascular disease) that place them at a higher risk for poor outcomes if they contract COVID-19. These disparities may be the reason we are seeing the disproportionate number of African Americans affected by this epidemic.

20. Underlying medical conditions that increase the risk of a poor outcome for a COVID-19 positive patient include hypertension, diabetes, and cardiovascular disease. Persons over 65 (“elderly age group”) and African Americans are also at a higher risk of having a poor outcome if they contract COVID-19.

21. If asked whether in my medical opinion and to a reasonable degree of medical certainty, I believe the presence of underlying medical conditions and being in the elderly age group or African American increases the risk of a person with COVID-19 having a poor outcome, I would answer that, “in my medical opinion and to a

reasonable degree of medical certainty, I believe the presence of underlying conditions and/or being in the elderly group or African American increases the risk for a poor outcome for a person with COVID-19.

22. To the contrary, if asked whether in my medical opinion and to a reasonable degree of medical certainty, I believe the presence of underlying medical conditions and/or being in the elderly age group or African American increases the risk of a person acquiring COVID-19, I would answer that, “in my medical opinion and to a reasonable degree of medical certainty, I believe the presence of underlying conditions and/or being in the elderly age group or African American does not increase the risk of a person acquiring COVID-19”.

23. In my medical opinion and to a reasonable degree of medical certainty, the length of time a person is exposed to a person infected with COVID is critical in determining the risk of transmission. The shorter the exposure the less the risk. The recent COVID-19 research data supports my medical opinion to a reasonable degree of medical certainty.

24. A recent study published in *The Lancet* ([www.thelancet.com/microbe](http://www.thelancet.com/microbe) Vol 1 May 2020) inoculated a known amount of the virus onto different surfaces and found that “no infectious virus could be recovered from printing or tissue paper after a 3 hour incubation”. It is unclear whether or not they mean that the virus could be detected on paper for up to three hours or if they meant they allowed the cultures to incubate on the paper for three hours and could not find any recoverable virus on the paper. I have read expert opinions that support either of these statements. Under either interpretation of the study, the study suggests that the COVID-19 virus does not survive on paper longer than three (3) hours.

25. Following the CDC guidelines mitigates the risk of transmission and of an individual becoming infected. These CDC guidelines are:

1. Wash your hands often
  - a. Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
  - b. It's especially important to wash:
    - i. Before eating or preparing food
    - ii. Before touching your face
    - iii. After using the restroom
    - iv. After leaving a public place
    - v. After blowing your nose, coughing, or sneezing
    - vi. After handling your mask
    - vii. After changing a diaper
    - viii. After caring for someone sick
    - ix. After touching animals or pets

2. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
3. Avoid touching your eyes, nose, and mouth with unwashed hands.
4. Avoid close contact
  - a. Inside your home: Avoid close contact with people who are sick. °If possible, maintain 6 feet between the person who is sick and other household members.
  - b. Outside your home: Put 6 feet of distance between yourself and people who don't live in your household. °Remember that some people without symptoms may be able to spread virus.
  - c. Stay at least 6 feet (about 2 arms' length) from other people.
  - d. Keeping distance from others is especially important for people who are at higher risk of getting very sick.
5. Cover your mouth and nose with a mask when around others
  - a. You could spread COVID-19 to others even if you do not feel sick.
  - b. The mask is meant to protect other people in case you are infected.
  - c. Everyone should wear a mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
    - i. Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
  - d. Do NOT use a mask meant for a healthcare worker. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
  - e. Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.
5. Cover coughs and sneezes
  - a. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
  - b. Throw used tissues in the trash.

- c. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- 6. Clean and disinfect
  - a. Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
  - b. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
  - c. Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.
- 7. Monitor Your Health Daily
  - a. Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
  - b. Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
  - c. Take your temperature if symptoms develop. Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
  - d. Follow CDC guidance if symptoms develop.

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

26. I understand that in order for a South Carolina voter to vote by absentee mail, the voter has to obtain an absentee ballot, which she can either fill out or return in person or mail back to her County Board of Registration and Elections. In order to mail her ballot back to the County Board, the voter has to fill out the absentee ballot return envelope received from the County Board. The ballot return envelope requires the voter to sign the voter oath in front of a witness. The witness must then sign her signature and fill in her address on the envelope. I understand that unless the witness signs and provides her address, the vote will not be counted.

27. The oath of office on the ballot return envelope reads:

The oath shall be in the following form:

"I hereby swear (or affirm) that I am duly qualified to vote at this election according to the Constitution of the State of South Carolina, that I have not voted during this election, that the ballot or ballots with which this oath is enclosed is my ballot and that I have received no

assistance in voting my ballot that I would not have been entitled to receive had I voted in person at my voting precinct."

\_\_\_\_\_  
Signature of Voter

Dated on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address of Witness

28. Having reviewed the above statutory voter oath and witness signature form that is printed on the outside of the ballot return envelope, the entire voter oath execution and witness signature process can easily be completed in less than two (2) minutes and, in all probability, in less than one (1) minute, even employing the CDC guidelines.

29. In my medical opinion and to a reasonable degree of medical certainty, exposure to an individual who is not routinely around for the length of time necessary to execute the voter oath and witness signature, when practicing the CDC guidelines, is such a short length of time that it does not pose a greater risk of COVID-19 transmission than the voter's normal daily activities, such as receiving groceries or having mail or medicine delivered.

30. Regarding a voter who lives alone and is thus not with someone she is regularly exposed to who can witness her absentee ballot envelope, the voter can take the following steps, consistent with the current recommended CDC guidelines, and obtain a ballot envelope witness signature without undue risk of COVID-19 infection. In my medical opinion and to a reasonable degree of medical certainty, the following are reasonable measures that are completely consistent with the CDC guidelines a voter can take, without adding another burden, to obtain a witness signature with a minimal risk to COVID-19 exposure.

- a. The person comes to the home to witness the voter signing the return ballot envelope. The lowest risk of exposure would be if there is a barrier between the voter and the witness (like a glass door or a window) or if the witness and the voter are outside when the transaction occurs. In both circumstances, the voter and witness use the CDC guidelines as outlined in b through d below.
- b. However, if this (use of a barrier) is not possible, the voter can ask the witness if she has any of the symptoms of COVID-19 and not let them in if they do. The witness and voter should be wearing masks/coverings and should social distance—staying at least six (6) feet apart risk at all times during the minute to two minutes the witness is in the home.



- c. The voter signs below the oath on the ballot return envelope, performing hand hygiene (washing or using hand sanitizer on ones hands) prior to signing the envelope. Voter signs the envelope with her pen (not sharing it with the witness) and places envelope on counter (or table or other surface) and moves away from the counter or table so the witness can move forward to sign the envelope after the voter has moved at least six (6) feet away.
- d. The witness should perform hand hygiene prior to signing and use her own pen to sign and add her address to the ballot return envelope and place it back on counter, table etc. The witness should perform hand hygiene once again and leave the home immediately following this step.
- e. The voter retrieves and mails the ballot return envelope. The voter either should not handle the envelope for three hours (based on the up to three hour life of the virus on paper) or pick up the envelope and mail it and then again performing hand hygiene immediately afterwards. Certainly, the voter could also ask the witness to take the envelope and drop it in the mail. I understand that no postage is required to return the ballot envelope by mail. Cleaning and disinfection of the counter (or other surface) should occur after mailing of the envelope.

31. I understand that Ms. Mary Thomas, a plaintiff in this case, is an 87 year old African American with underling medical conditions, including cardiovascular disease. Ms. Thomas lives alone and has been self-isolating since the out-break of COVID-19 in South Carolina. Ms. Thomas intends to vote absentee by mail.

32. Ms. Thomas testified in her deposition that she has a housekeeper, Ms. Wallace, that comes to her apartment once a week and sometimes twice a week and is there for approximately two (2) and one-half hours, and has continued to do so during Ms. Thomas' quarantine. Ms. Wallace wears a mask the entire time she is in Ms. Thomas' apartment. I understand that Ms. Thomas stays in a different part of her apartment when Ms. Wallace is cleaning, so that she and Ms. Wallace are not in the room at the same time.

33. Ms. Thomas also has groceries delivered to her house and has a neighbor in her apartment building, Mr. Morrison, who helps water her plants when she asks. Ms. Thomas' landlady is Susan Dunn, who, during Ms. Thomas quarantine, has periodically visited Ms. Thomas in her home. According to Ms. Thomas' deposition, Ms. Dunn is in Ms. Thomas' apartment 15 minutes or more when she visits. Ms. Thomas has Ms. Dunn's telephone number and can call her if she needs anything.

34. Ms. Thomas has not been out of her apartment once since the pandemic began, except for medical appointments, when she went to three separate establishments.

35. Ms. Thomas does not wear a mask based on her doctor's advice.



36. Ms. Thomas is already at risk of contracting COVID-19 through her weekly contact with Ms. Wallace, her contact with Mr. Morrison and Ms. Dunn and her shopping trip. In my medical opinion with a reasonably degree of certainty, Ms. Thomas can ask Ms. Wallace, Mr. Morrison, or Ms. Dunn to witness her absentee voting ballot oath envelope without increasing the risk of infection from COVID-19 which she is already exposed.

37. It is my medical opinion and to a reasonable degree of medical certainty that Ms. Thomas can have her absentee ballot envelope witnessed without increasing the risk of exposure she already has assumed and that risk does not create a substantial burden on Ms. Thomas beyond what she is already doing on a daily basis.

38. I understand that Nea Richard is a 22 year old African American who lives with her boyfriend and works in an office area with four (4) other individuals. She sees her family in Cross Hill, South Carolina and has been to a weekend party with four (4) girlfriends, where they stayed at an Air BNB. Ms. Richard wants to vote absentee to avoid exposure to COVID-19.

39. It is my medical opinion and to a reasonable degree of medical certainty that Ms. Thomas can have her absentee ballot return envelope witnessed without increasing the risk of exposure she already has from her current daily activities.

40. Ms. Richard is regularly exposed to her boyfriend with whom she is living and can simply ask him to be her witness without incurring an additional risk of exposure to COVID-19 infection.

41. Ms. Richard could also ask one of her co-workers or one of her friends to witness her signature and follow the CDC guidelines and those procedures outlined in paragraph 27 above.

42. Currently, I routinely treat patients that are infected with COVID-19. In doing so, I wear a full panoply of personal protective equipment ("PPE"). I keep the time I spend with each patient as short as possible and still perform the necessary medical services necessary. I am not in a higher risk category for a poor outcome; however, my risk of being infected with COVID-19 is significantly greater than that of Ms. Thomas or Ms. Richard in obtaining a witness for their respective absentee ballot envelope oaths.

I declare under penalty that the foregoing is true and correct.

Executed on September 21, 2020

A handwritten signature in black ink, appearing to read "C. Salgado", is enclosed within a light gray rectangular box.

Cassandra D. Salgado, M.D.